

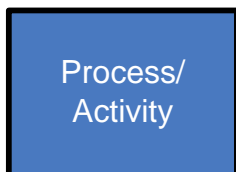
Vermont Chronic Care Initiative (VCCI)
To-Be Business Process Analysis
Process Key
As of August 23, 2013
DRAFT



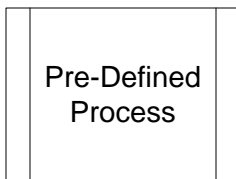
Start/Ends/Alternative Process: The workflow starts or terminates



Connector: The workflow continues/moves to the named process or process area (*Italic/Green*).



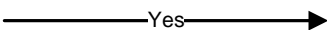
Process/Activity: Indicates a step in the business process



Predefined Process or Set of Activities: The summary of a set of activities.



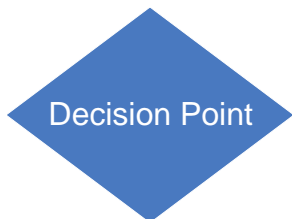
Shows the flow of activities through the workflow



Decision indicator



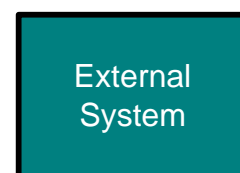
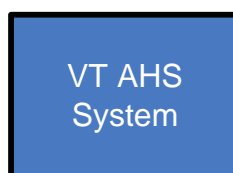
Optional workflow



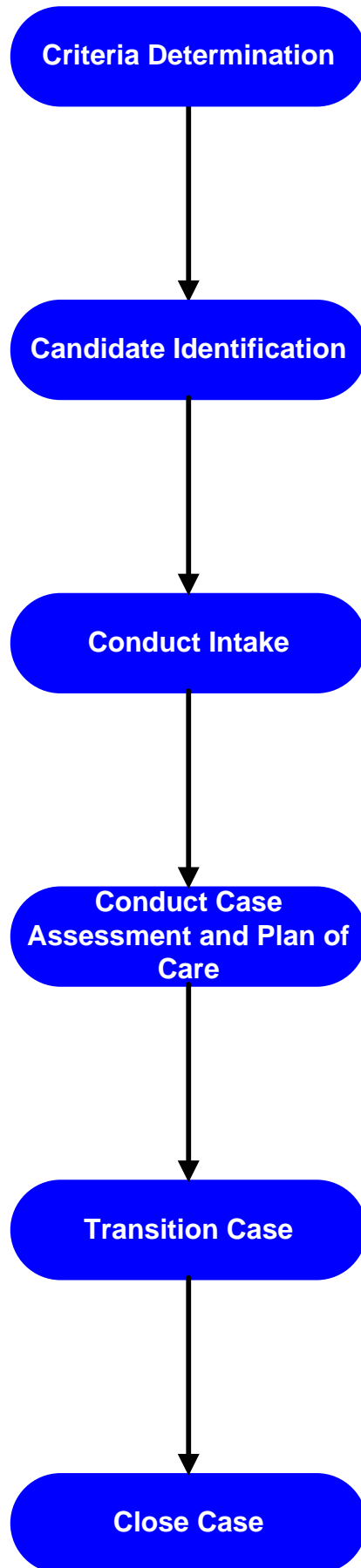
Decision: An activity written as a 'Yes' or 'No' question that controls the business/service delivery workflow

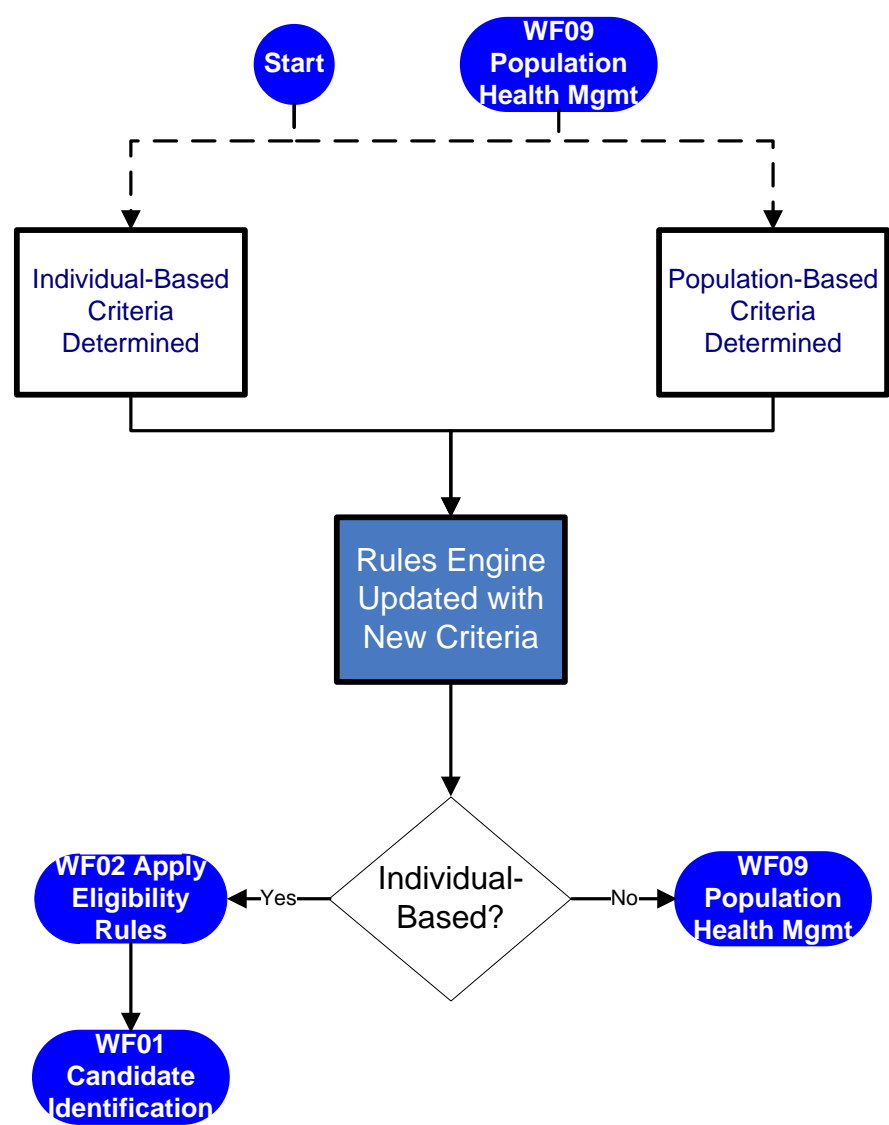
Parallel Mode: The activities between these parallel line occur concurrently

Color Coding for High-Level Process Areas

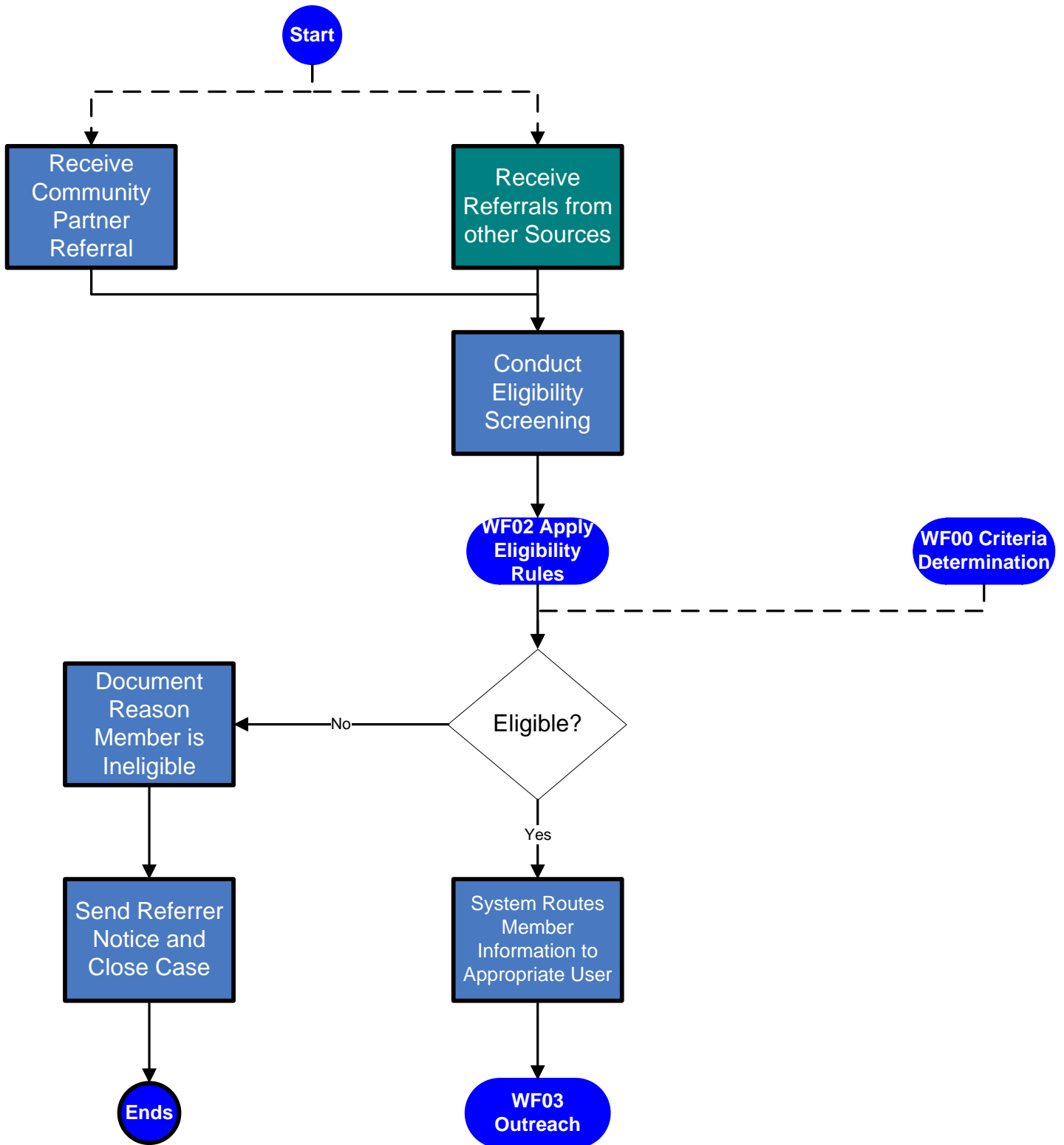


VT AHS Medicaid Operations - VCCI
To-Be Business Process Analysis
High Level Process

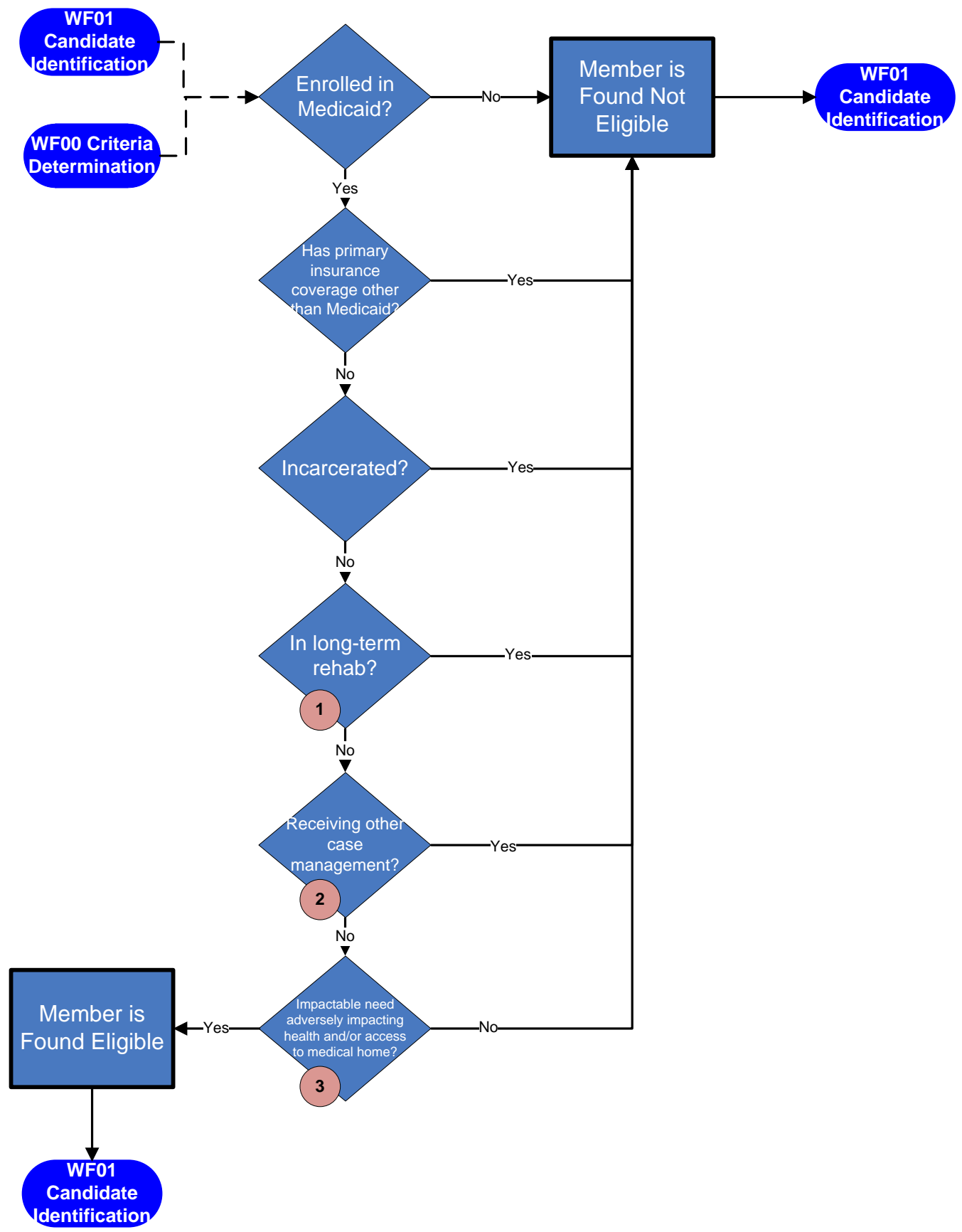




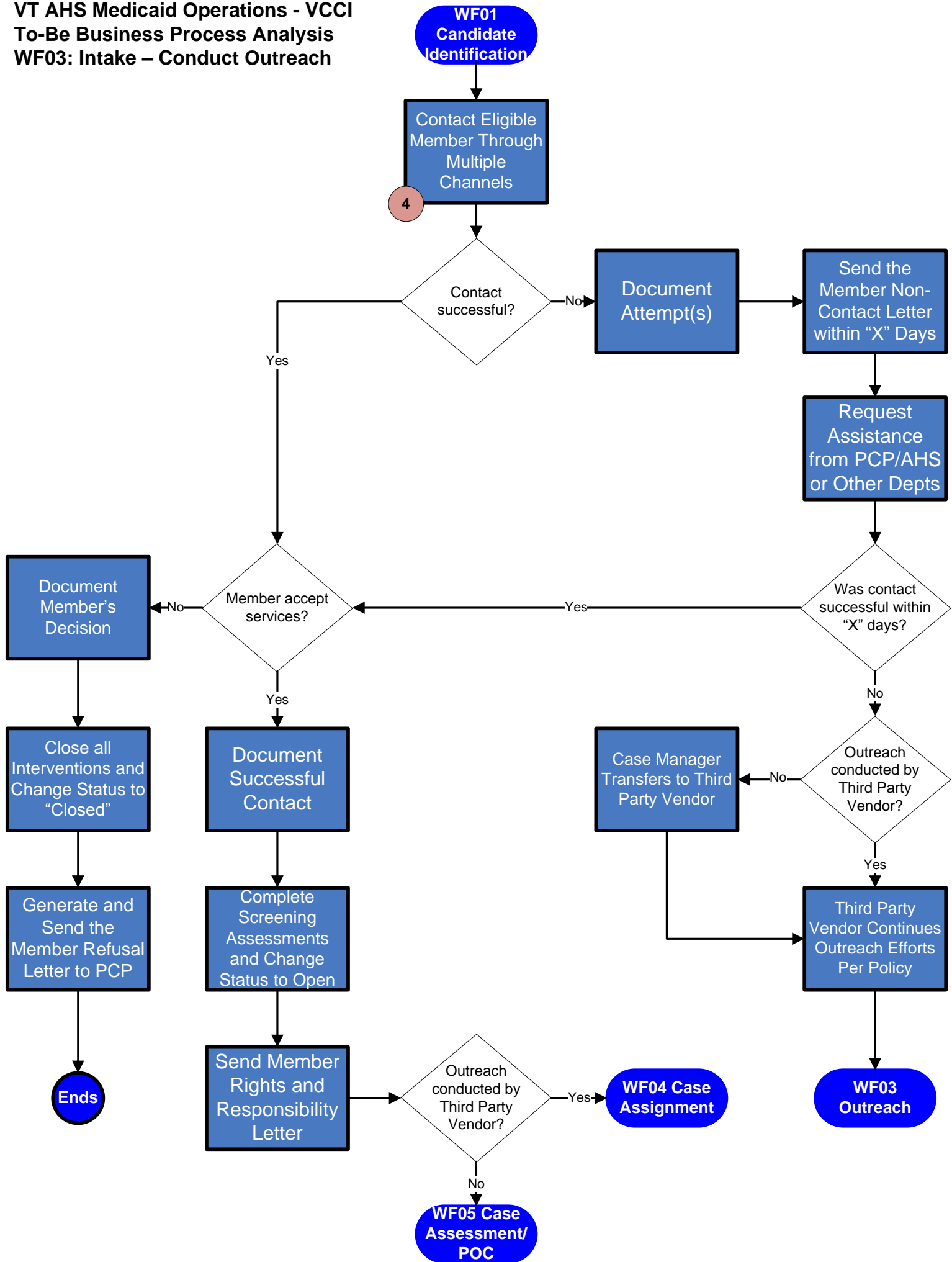
VT AHS Medicaid Operations - VCCI
To-Be Business Process Analysis
WF01: Candidate Identification



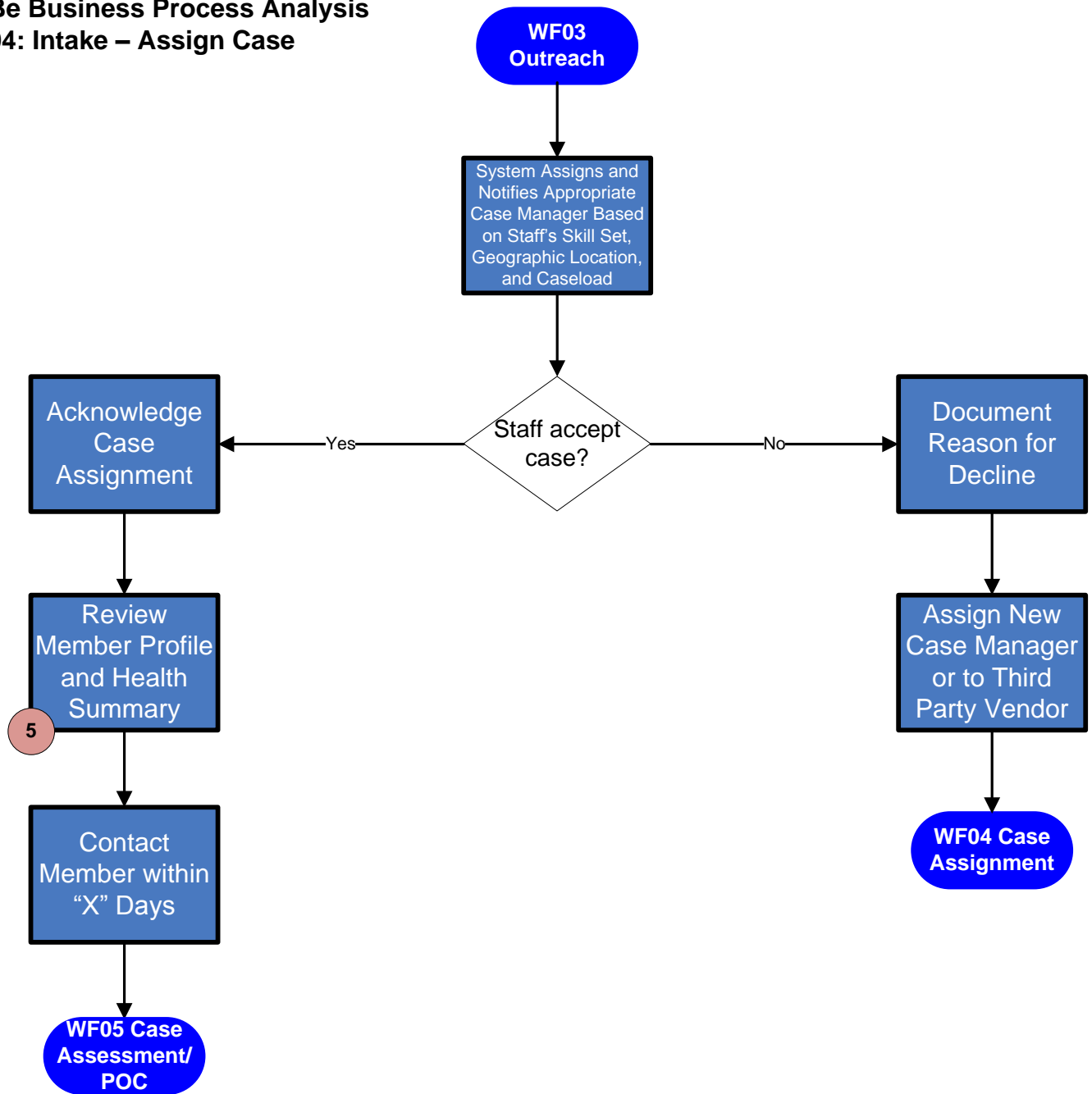
VT AHS Medicaid Operations - VCCI
To-Be Business Process Analysis
WF02: Intake – Apply Eligibility Rules



**VT AHS Medicaid Operations - VCCI
To-Be Business Process Analysis
WF03: Intake – Conduct Outreach**



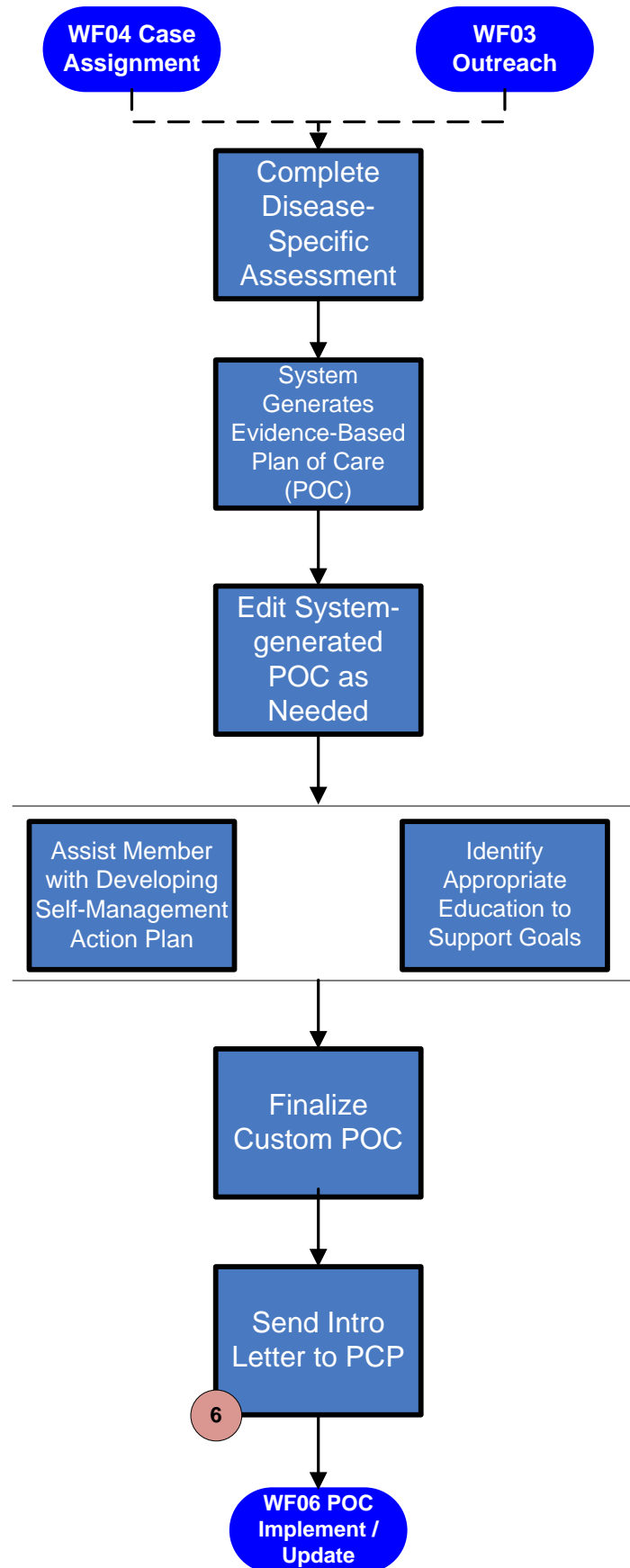
**VT AHS Medicaid Operations - VCCI
To-Be Business Process Analysis
WF04: Intake – Assign Case**



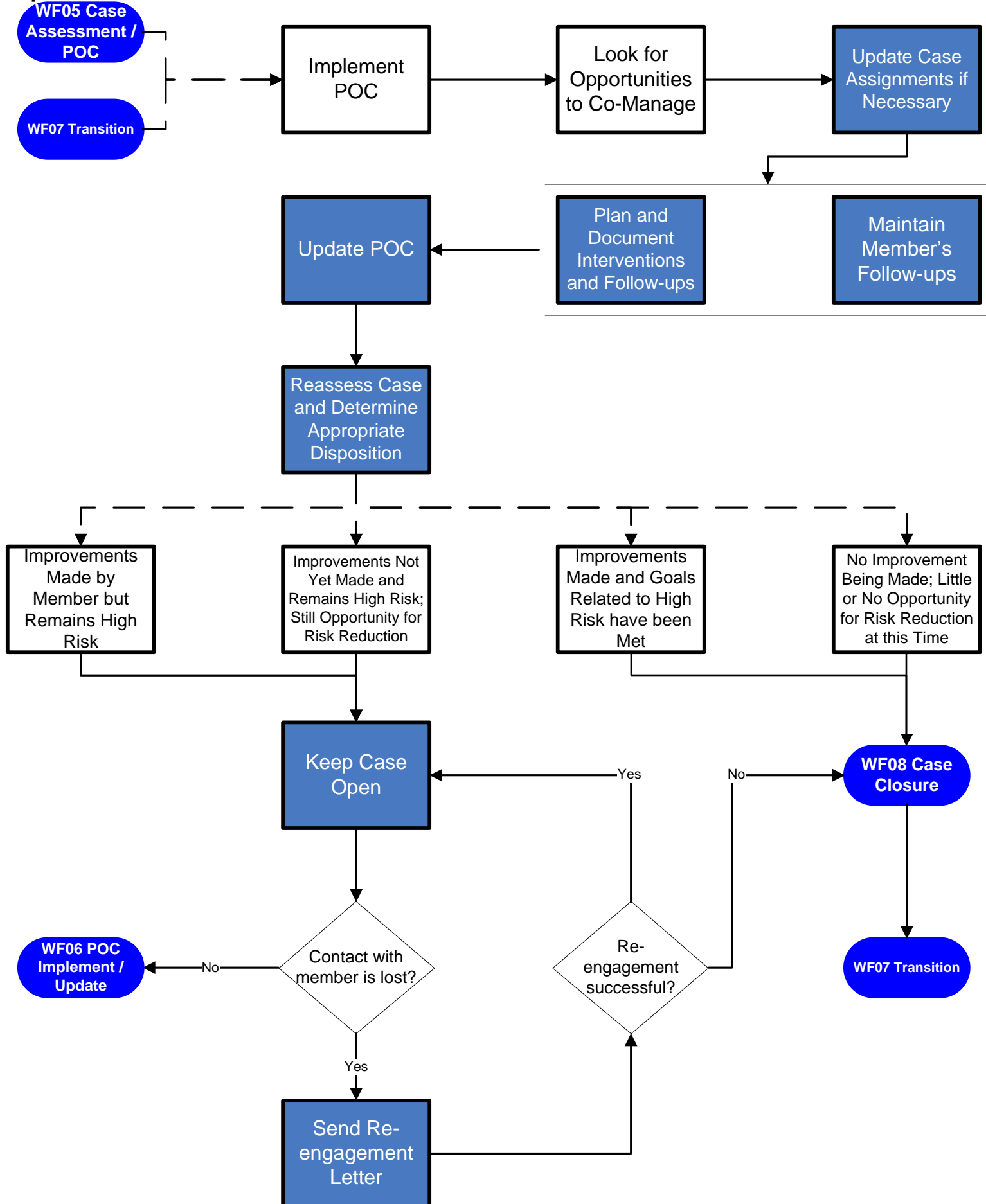
VT AHS MMIS - VCCI

To-Be Business Process Analysis

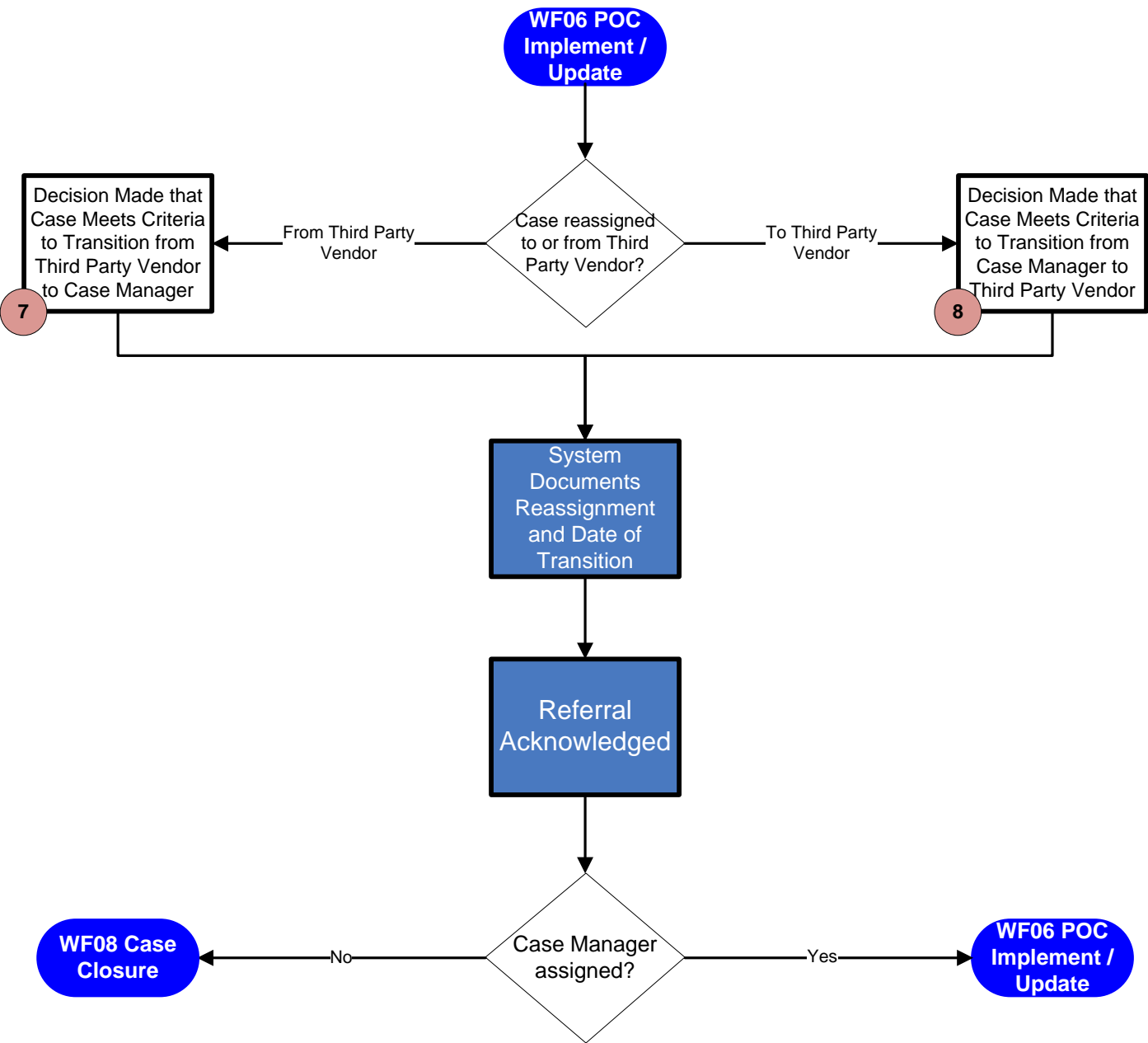
WF05: Assessment – Assess Case and Develop POC



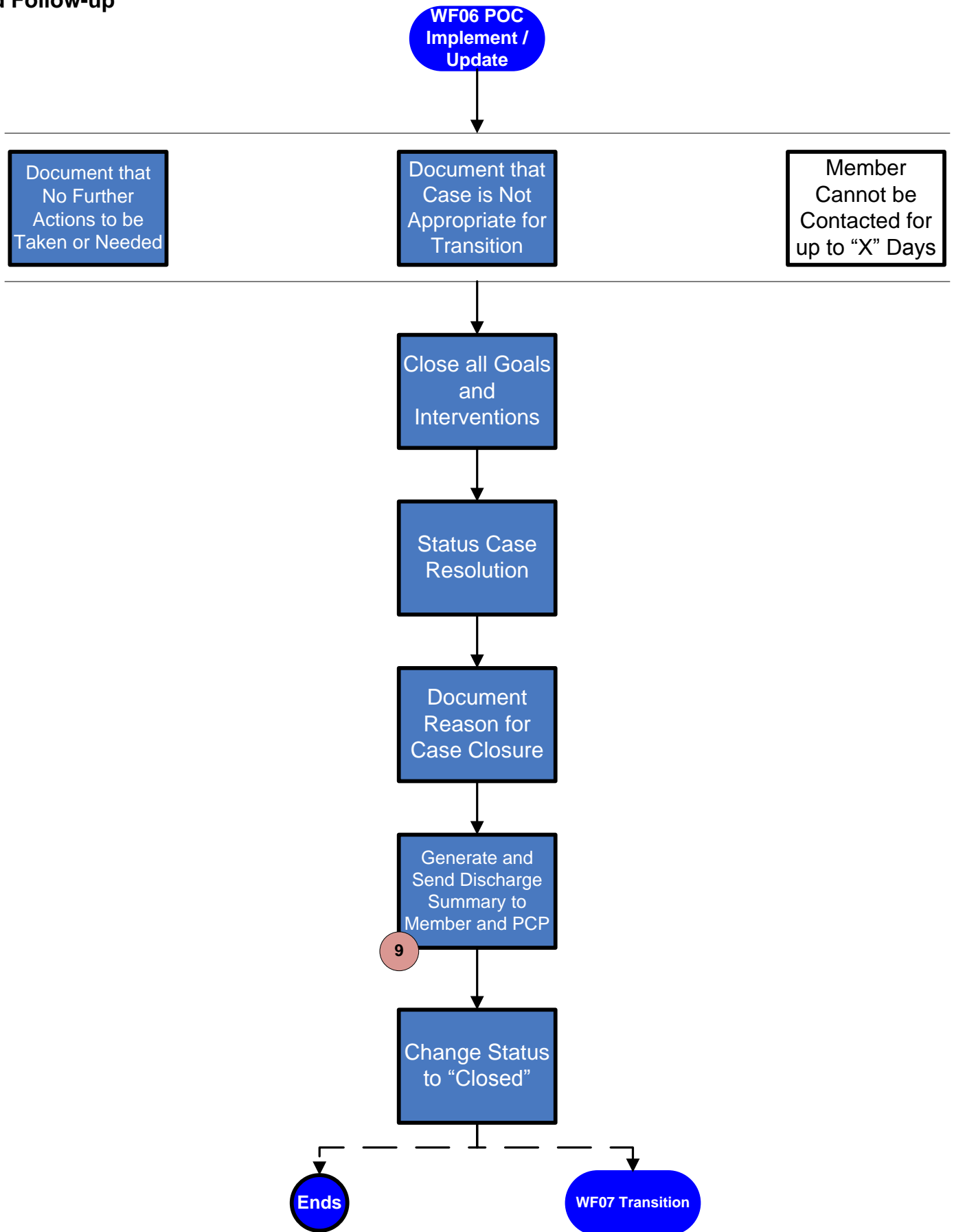
VT AHS MMIS - VCCI
To-Be Business Process Analysis
WF06: Assessment – Implement and
Update Plan of Care



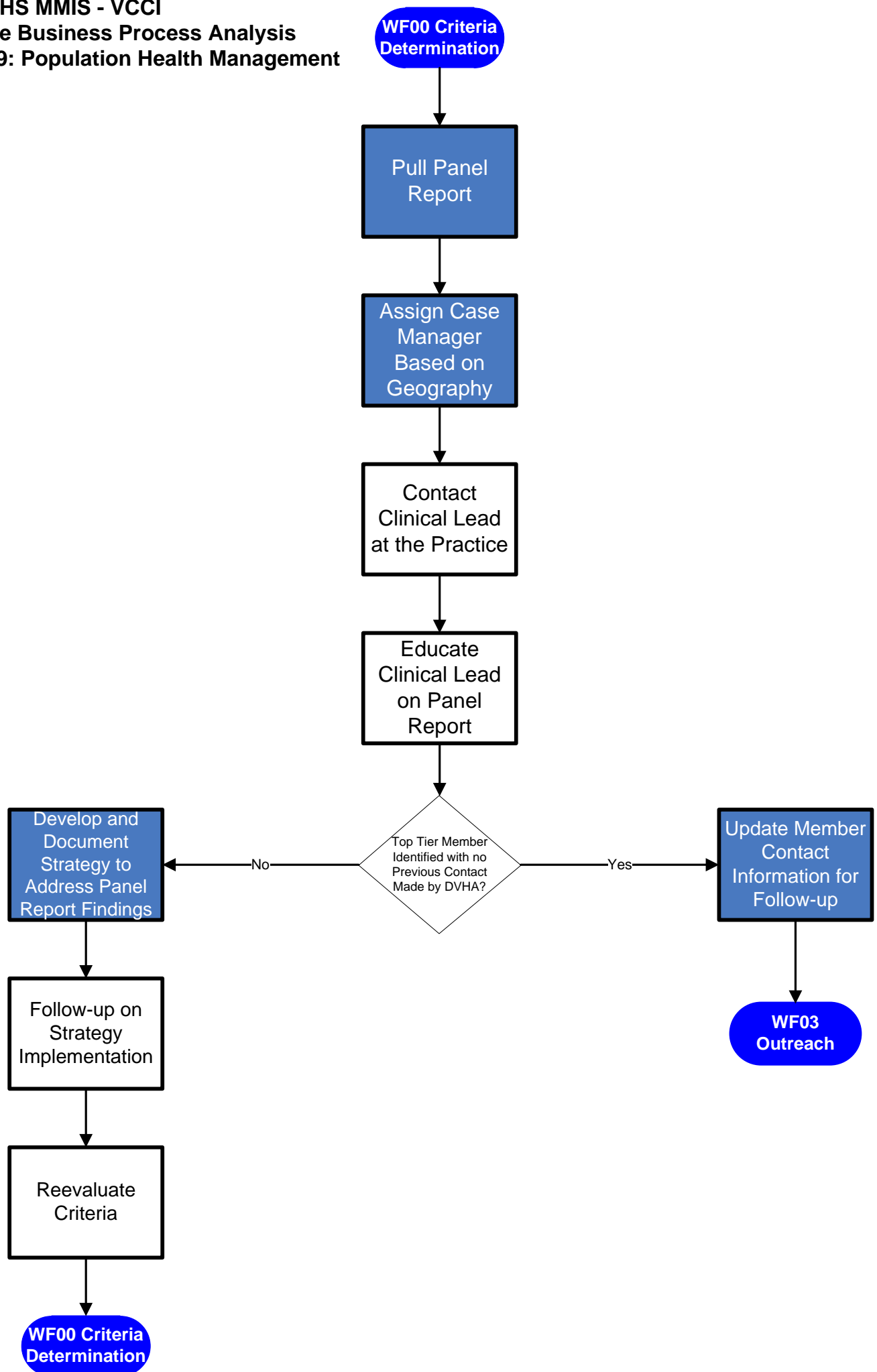
VT AHS MMIS - VCCI
To-Be Business Process Analysis
WF07: Transition



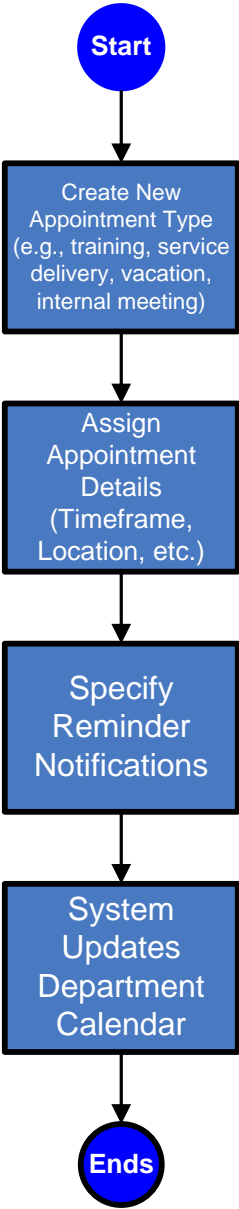
VT AHS MMIS - VCCI
To-Be Business Process Analysis
WF08: Case Closure – Completion
and Follow-up



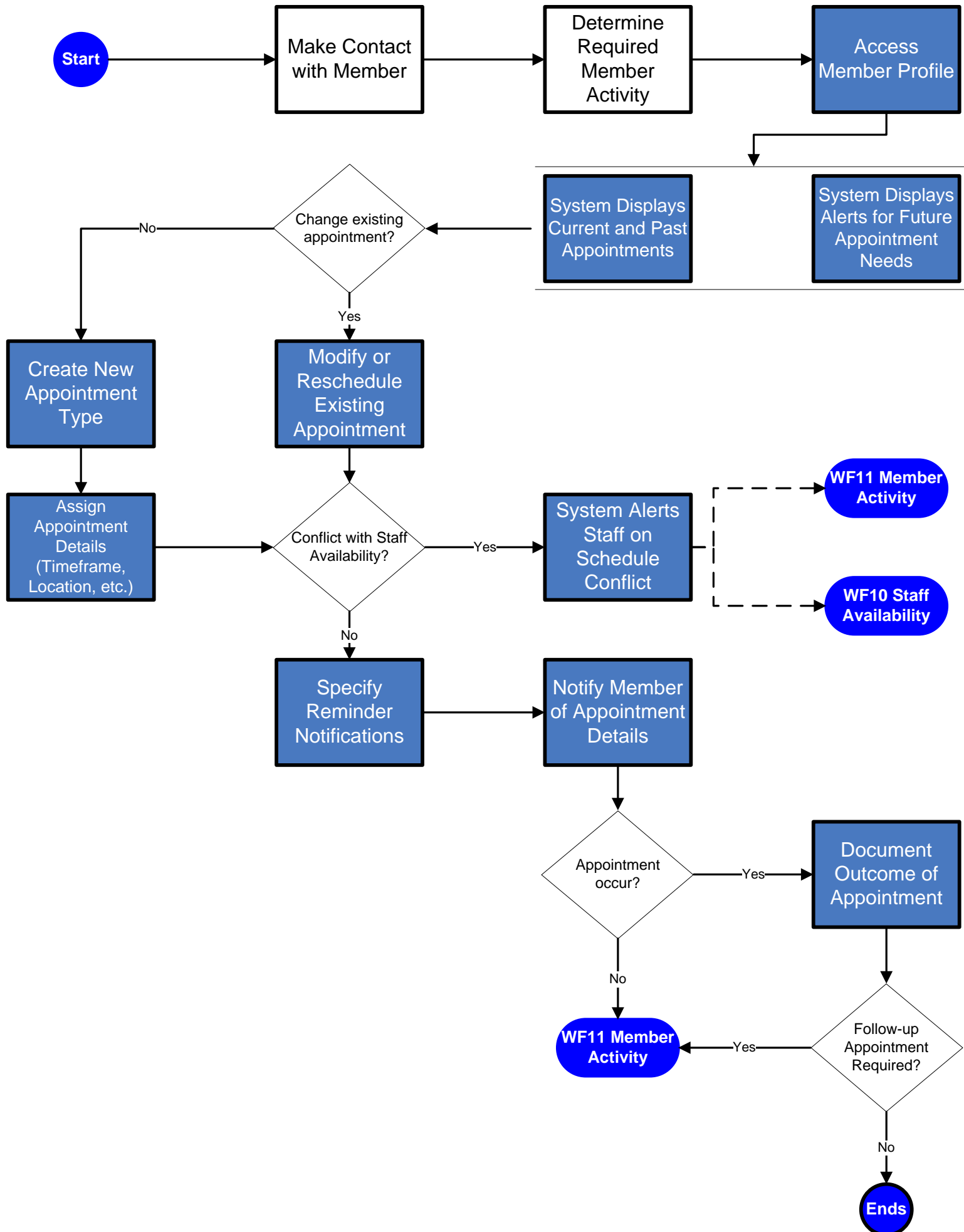
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To-Be Business Process Analysis
WF09: Population Health Management



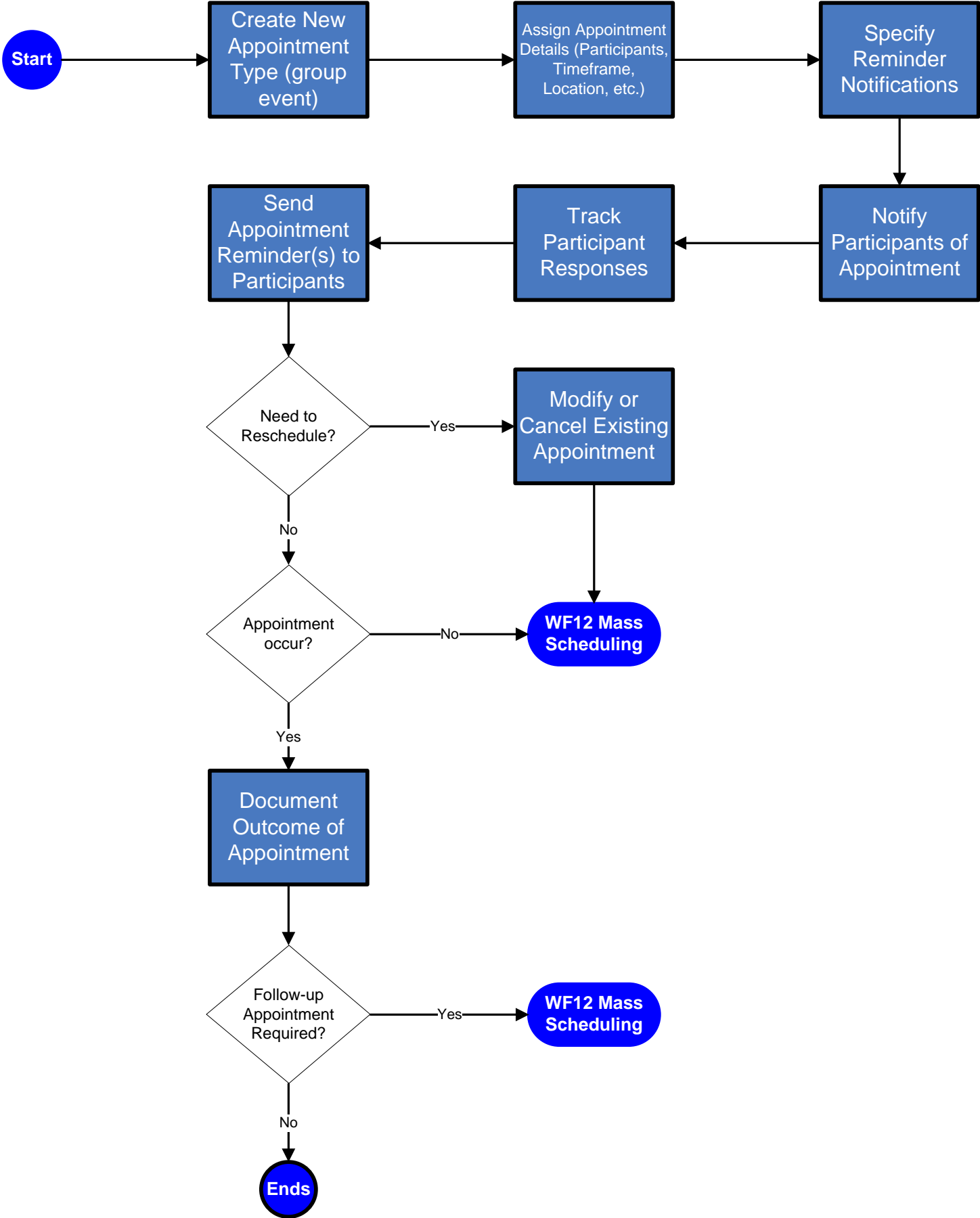
VT AHS MMIS - VCCI
To-Be Business Process Analysis
WF10: Scheduling – Staff Availability



VT AHS MMIS - VCCI
To-Be Business Process Analysis
WF11: Scheduling – Member Activity



VT AHS MMIS - VCCI
To-Be Business Process Analysis
WF12: Mass Scheduling



VT AHS MMIS - VCCI
To-Be Business Process Analysis
References

1	WF02: Long-term rehab (e.g., Nursing home).
2	WF02: Other Case Management (e.g., CRT, CFC, DDS programs) or via Children with Special Health Needs.
3	WF02: Evidence based care is not being followed; Beneficiary is at risk for a decline in health with associated fiscal impacts that are avoidable.
4	WF03: One channel includes a shared collaboration platform – the Case Manager / Third Party Vendor has the ability to send a message to the Enterprise to see if anyone has information regarding Eligible Member.
5	WF04: Reviews (at a minimum): 1) Information in Dashboard (e.g., Medication-Diagnoses-Procedures, Primary Dx in detail); 2) Clinical triggers; 3) Gaps in pharmacy; 4) Notes; 5) Partial or completed Assessments including recommendations from PCP as to member's priority care needs; 6) Recommendations from PCP and/or referral source as to member's priority care needs; 7) Any available health record available as needed.
6	WF05: The Introduction Letter is a summary of the Plan of Care. It is meant to show a picture of the Eligible Member.
7	WF07: Third Party Vendor will reassign a case to a CM based upon: 1) Appropriate acuity criteria; 2) Clinical assessment of impactable risk factors; 3) Face-to-face contact required. The following may also be present: 1) Significant health literacy or cognitive barriers with respect to self-management that Medical Home Services could impact; 2) Medical, behavioral, or psycho-social barriers to disease management that Medical Home Services could impact; 3) Emerging needs identified that could destabilize future plans for health improvement (e.g., inappropriate ER use, increased hospitalization, loss of housing).
8	WF07: CM will reassign a case to Third Party Vendor based upon appropriate criteria and opportunity for further risk reduction. Before reassigning a case from a CM to Third Party Vendor, all of the following must be in place: 1) SN Adults/Pediatrics, BHR Adults/Pediatrics, TOC, and appropriate Disease-Specific Assessment(s) completed; 2) Plan of Care mutually agreed upon by member and provider implemented; 3) Initial teaching to Evidence-Based Guidelines performed and Action Plan(s) initiated; 4) Member has basic knowledge about condition and is motivated to change; 5) Plan of Care "Goals" related to primary diagnosis and risk level are partially met; 6) Medical Home established; 7) Medical, behavioral, and psychosocial stability established; 8) No needs surfacing that are serious enough to destabilize future plans; 9) Face-to-face contact no longer required – except for co-location model; 10) Member has made significant progress with goals and will be at risk of sustaining additional ED/ Inpatient admits without receiving additional support.
9	WF08: The Discharge Summary should show how the Eligible Member has progressed – e.g., comparing where he/she was prior to receiving Chronic Care services to where he/she is now. The Discharge Summary should also allow the opportunity for freeform text.